

# **Fort Wayne Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 01/30/2014

**Address:** 1116 Osage St.

**Case #:** 14ISP00785

Fort Wayne, Indiana 46808

**County:** Allen

Wayne Township

## **Type of Laboratory Seizure** (check one)

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location** (check all that apply)

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open – No Structure  
☐ Vehicle ☐ Other: \_\_\_\_\_

## **Items Found: Location** (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): attic  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator: Kitchen  
☐ Flammable Solvents: \_\_\_\_\_  
☒ Water Reactive Metal (Lithium): attic  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☐ Corrosive Acid: \_\_\_\_\_  
☐ Corrosive Base: \_\_\_\_\_  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered** (check appropriate)

- ☒ Yes 4 (number present)  
☐ No  
☐ Children not present but evidence they reside or visit often  
Shared HVAC: ☐ Yes ☐ No ☐ Unknown  
Living conditions of home: ☐ clean ☐ disarray ☒ unclear

Estimated length of time manufacturing had been occurring: unknown  
Additional Information: trash pull had 8 one pots and 6 generators. children at the scene ranged from 10 months to 4 years

## **Vehicle Information**

Owner: \_\_\_\_\_

VIN: \_\_\_\_\_

Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Color: \_\_\_\_\_

## **This report has been faxed\* to the following agencies that serve the location:**

Fort Wayne Fire Department  
Fort Wayne/Allen County Health Department  
Department of Child Services  
Fort Wayne Neighborhood Code Enforcement

Fax: (260) 427-1277  
Fax: (260) 427-1391  
Fax: (317) 234-7596  
Fax: (260) 427-1409

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: Detective S. Pulver 1799F Phone (260)427-1203

\* This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.